09/829078

Application or Docket Number

503.399 (il xa)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - P/ (Column 1)								SMALL ENTITY TYPE OF			OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS			38				Г	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			45 minus 20=		• 45			X\$ 9=		OR	X\$18=	8/0	
INDEPENDENT CLAIMS			/) minus 3 =		<u> </u>	4	I	X40=		OR	X80=	320	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				Ī	+135≂		OR	+270=	270	
* If the difference in column 1 is			less than zero, enter "0" in			olumn 2	L	TOTAL		OR	TOTAL	2110	
1 1-0 7-0 CLAIMS AS AMENDED - PART II											OTHER		
	. ·	(Column 1)		(Colu		(Column 3)		SMALL		OR .	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	: 38	Minus	-3	8	= ()		X\$ 9=		OR:	X\$18≃	1	
	Independent	NTATION OF MI	Minus	ENDEN	CLAIM			X40=		OR	X80=		
· ·								+135=		OR	+270=	\mathcal{A}	
2-06-04							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
C	X V C	(Column 1)_		_(Colu	mn 2)	(Column 3)						1	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 38	Minus	2	8	= X		X\$ 9=		OR	X\$18=	- 1	
	Independent	. //	Minus	***	-	<u>- 9</u>		X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	28 +2 30=	9	
	8/12/2/						A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	Y	
	8/03/04	(Column 1)	· · · · · · · · · · · · · · · · · · ·		mn 2)	(Column 3)			_				
AMENDMENT C	/ / /	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL \FEE	
	Total	.37	Minus	.3	8	= X)		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF M	Minus	ENDEN	<i></i>	= 4		X40=		OR	X 80 ≈	M	
<u></u>	I INSI PRESE	MATION OF M	OLINIC DE	F140 É14	CCANVI		'	+135=		OR	290 +270=	(V)	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 								TOTAL		OR	TOTAL	1	
***	If the "Highest Nu	mber Previously Pa hber Previously Pa	ald For IN THI	5 SPACE	is less tha	n 3, enter "3."	• • • •	DDIT. FEE	propriate box	,	ADDIT. FEE lumn 1.	V	